



**look
forward to
retirement!**

Iowa Department of Administrative Services
Retirement Investors' Club (RIC)

401(a) Roll-in Form

If you qualify, you may request to move money from an existing eligible retirement plan into your State of Iowa 401(a) employer match account. This is a nontaxable transfer. Please contact your existing plan to determine if you must complete any required forms before the plan will release the funds.

Personal Information	Name _____ Social Security # _____ Last First MI Telephone (work) _____ Telephone (home) _____
Roll-in Instructions	Roll my previous retirement account into my State of Iowa 401(a) Employer Match account with: <input type="checkbox"/> AIG Retirement <input type="checkbox"/> Hartford Life <input type="checkbox"/> ING Financial Advisers <input type="checkbox"/> Nationwide
Previous Plan Information <i>The previous plan administrator must complete this section.</i>	Plan type: <input type="checkbox"/> IRA (Traditional, Rollover, Simple) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 403(a) <input type="checkbox"/> SEP <input type="checkbox"/> Other qualified plan _____ Previous Employer Name (if applicable) _____ Account Number _____ Approximate rollover amount \$ _____ Previous plan administrator/trustee/custodian authorization I am the Plan Administrator or Trustee for the previous plan named on this form. I affirm that the plan is eligible to make this direct rollover. Signature _____ Date _____ Printed Name _____ Phone # _____ Company Name _____ Fax # _____ Address _____ City, State, Zip Code _____
Participant Signature	I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I understand my transferred funds will be subject to the rules and restrictions of the RIC 401(a) Employer Match account. X _____ Signature Date
Instructions	Please fax or mail this completed form, along with a copy of any forms required by your previous plan, to the location shown below.

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515-281-8677 • 515-281-5102 (fax) • <http://das.hre.iowa.gov/ric.html>